

BUSINESS AND OCCUPATION TAX RETURN

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATION TAX RETURN

ISSAQUAH MUNICIPAL CODE SECTIONS 5.04 AND 5.05

P.O. Box 1307 • Issaquah, WA 9		S	tate UBI No.	.:					
Phone (425) 837-3065 • Fax (425 Issaquahwa.gov	City License No.: Street Address (if different):								
Mailing Address:									
					•				
				Qua	arter End	ling:			
				Tax	es Due D	ate:			
You must pay Business and Occ	upation Tax when t	the total of your quart	erly t	axable incom	e (Colum	n 4) exceed	ds \$25,000.		
COLUMN 1	COLUMN 2	COLUMN 3		COLUM	/IN 4	COLUMN 5	COLUMN 5 COLUMN 6		
BUSINESS CLASSIFICATION	GROSS INCOME	DEDUCTIONS (See B	elow)	TAXABLE A	AMOUNT	RATE	TAX DUE	1	
Manufacturing/Extracting						.0012			
Retailing						.0012			
Wholesaling						.0012			
Printing, Publishing or Extracting/Processing for Hire						.0015			
Retail Services						.0015			
Services & Other Business Activities						.0015			
PENALTIES:				TOTAL TAX	DUE THIS	S PERIOD			
Late Returns must include the following	g penalties with payme	ent, even if no tax is due:						+	
1 to 30 Days Late 31 to 60 Days Late 61 or More Days Late	add 19% of Tax Due (ninimum penalty of \$5.00) minimum penalty of \$5.00 minimum penalty of \$5.00	PENALTY PREVIOUS BALANCE			+			
•	olease check one - I	· · · · · · · · · · · · · · · · · · ·							
, , , ,		CLOSED (See Rever	se)	TOTAL TAX	(& PENA	LTY DUE			
I	DETAIL OF COLU	MN 3 · DEDUCTIO	NS FI	ROM GROS	S INCOM	IE			
	Manufacturing/	Services & Other						Printing Publishing or Extracting/	
TYPE OF DEDUCTION	Extracting	Business Activities		Retailing Wholesaling		Processing fo	Processing for Hire		
Motor Vehicle Fuel Sales								_	
Liquor, Beer, Wine Sales								+	
Credit Losses Sustained								_	
Cash Discounts Delivery to Buyer Outside Issaquah									
(see reverse for requirements)									
Other (Explain):									
TOTAL DEDUCTIONS									
STATEMENT BY TAX PAYER I/we hereby certify under the penals shown under and computed accord of the tax liability herein reported an	ling to the provisions	of this Ordinance. I/we	e furth						
Signature of Owner/Representati	ve					Date			
Signer's Name & Title:						Phone:			
Signer's Name & Title:	(F	Please Print)							

CITY OF ISSAQUAH

Business and Occupation Tax Return Instructions

QUARTERLY RETURNS

QUARTER	TAX PERIOD	TAX DUE DATE		
1 ST	JAN – FEBRUARY- MARCH	APRIL 30		
2 ND	APRIL – MAY – JUNE	JULY 31		
3 RD	JULY – AUGUST – SEPTEMBER	OCTOBER 31		
4 TH	OCTOBER - NOVEMBER - DECEMBER	JANUARY 31		

To avoid a Past Due penalty, your Tax Return must be post-marked on or by the Tax Due Date for the Tax Period you are reporting.

PENALTIES

If this Tax Return is past due, the following penalties must be included in your payment, even if no tax is due:

DAYS PAST DUE

If postmarked 1-30 days after the Due Date If postmarked 31-60 days after the Due Date If received 61 or more days after the Due Date

PENALTY

9% of Tax Due, Minimum of \$5.00 Due 19% of Tax Due, Minimum of \$5.00 Due 29% of Tax Due, Minimum of \$5.00 Due

ADDITIONAL INFORMATION

- Taxes are based on Gross Receipts. Please enter your gross receipts in the appropriate box on the front of form.
- ✓ If taxable amount after deductions is equal to or less than \$25,000 this quarter, no tax is due. This Tax Return must be completed, signed and returned each reporting period, even if no tax is due.
- ✓ **Zero tax due returns may now be emailed** to the City. To do so, you must scan the form with your signature and email them to: zerotaxduereturns@issaguahwa.gov.
- ✓ The City of Issaquah does not allow all the deductions that the State of Washington allows. If you are not sure of a deduction, contact the City Finance Department. PLEASE NOTE: Costs of doing business are not deductible.
- ✓ <u>DELIVERY TO BUYER OUTSIDE ISSAQUAH Deduction</u>: If you are claiming a deduction for tangible personal property sold and delivered to buyer(s) outside Issaquah, you must keep records reflecting individual buyer(s) and the delivery address in the event of an audit.
- ✓ Please notify the City of Issaquah Finance Department if your business location(s) has changed.
- ✓ If you are unsure of your filing status, please contact the City Finance Department.

OWNERSHIP CHANGE OR BUSINESS CLOSURE

Please provide the following in	formation if there has been a sale or	closure of your business durir	ng this tax period:	
Date Business Closed/Owne	rship Changed			
New Owner's Name:				
New Owner's Address:				
-				

DELIVERY/FILING INSTRUCTIONS:

Mail this completed Tax Return to:

City of Issaquah Finance Department P.O. Box 1307 Issaquah, WA 98027

Or deliver in person to:

City of Issaquah Finance Department 130 E. Sunset Way, 2nd Floor Issaquah, WA 98027